



Lucas Wymore, MD
Sports Medicine
40700 California Oaks Drive, Suite 205
Murrieta, CA 92562

Office Phone: 949-491-9991
Office Fax: 949-612-9795
Email: Wymore@newportcare.org

SHOULDER ARTHROSCOPY DISCHARGE INSTRUCTIONS

Diet • Resume regular diet as tolerated.

Medication •

- Follow medication instructions in your pre op binder for multimodal pain control
- Oxycodone Tylenol #3 Norco
- Aspirin 81 mg: Take 1 tablet for 2 weeks.
- You have been given a prescription for Phenergan. Fill this prescription **ONLY IF** you have severe nausea.
 - If you had a block, begin taking pain medicine at the first sign of return of sensation. Take medicine prior to onset of pain.
 - * Restart your daily medication unless you are instructed to do otherwise

You will be given a prescription for pain medicine at your preoperative appointment. Take the medicine as needed according to the directions on the bottle. Possible side effects include nausea, dizziness, headache, vomiting, constipation, and urinary retention. If you experience these side effects, please call our office for assistance. Discontinue the medication if you develop a rash, shortness of breath, itching, or difficulty swallowing. If these symptoms become severe you should seek immediate medical attention.

Refills on pain medication are authorized during office hours only (8am-5pm; Mon-Fri.). Medication will not be refilled on weekends.

Activity

- You have been given a cooling unit to ice your shoulder. This can be used at all times for the first 1-2 weeks, and then as needed. Do not let the ice pad directly touch your skin.
- Apply ice, even though bandages are thick and you may not feel the cold. Apply the ice to the shoulder 3 times per day for 20 minutes for the first 1 week until your shoulder is feeling comfortable again.
- **DO NOT** use heat.
- Place a pillow behind the elbow while lying down or sleeping. Sleeping in a more upright position (recliner) maybe more comfortable initially.
- Open and close your hand, flex and extend your wrist and elbow. Do each 10 times every hour that you are awake.
- Begin small, gentle circular motions with the arm as tolerated. 30 times clockwise and counterclockwise, 3 times per day.
- DO NOT** actively (on your own) lift your operative arm away from the side of your body or rotate it out away from your body unless instructed by your physical therapist.

Page 2 Shoulder Arthroscopy

SLING

- Use a sling at all times & while sleeping until your next office visit.
 - Use a sling for several days, then discontinue.
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Dressing Care

- Keep the dressing dry.
- You can expect some light bloody wound seepage through the bandage. **DO NOT BE ALARMED.** This is normal.

Dressing removal:

- Remove all dressings 72 hours after the surgery and apply a band-aid over each incision to cover suture. **DO NOT** remove the sutures.
- DO NOT REMOVE** the dressings until your next office visit.

Showering

- You may shower 3 days after surgery unless told otherwise. **DO NOT** immerse the shoulder under water and **DO NOT** rub the incision. Place new band-aids over the sutures after showering.
 - Do not shower or submerge your shoulder in water. Keep the dressing clean and dry.
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Arthroscopic Findings

- Rotator Cuff: Intact Partial tear Full tear
 - Bone spur (acromion)
 - Shoulder joint arthritis
 - Acromioclavicular joint arthritis
 - Joint lining inflammation (synovitis)
 - Labrum (cartilage) tear Anterior Superior Posterior
 - Biceps tendon tear/inflammation
 - Loose Body
 - Other _____
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Procedure Performed

- Arthroscopic joint evaluation
 - Rotator cuff debridement (trimming frayed edges)
 - Rotator cuff repair through the arthroscope
 - Rotator Cuff repair requiring an open incision
 - Subacromial decompression (spur removal)
 - Labral repair Anterior Superior Posterior
 - Biceps tendon tenodesis /release
 - Distal Clavicle Excision (Removal of the tip of the collar bone)
 - Joint debridement Labrum Biceps Joint (cartilage) surface
 - Other _____
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Physical Therapy

- You will be given a physical therapy prescription to begin in 1 to 2 days.
 - You will be given a physical therapy prescription when you are seen in the office for follow-up.
 - No formal physical therapy will be needed.
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Follow-Up

A follow-up appointment with your physician is on _____.

Specific Instructions:

- Notify our office at **949-491-9991** for:
 1. A sudden increase in swelling and redness or warm at the area the surgery was performed **which is not relieved by rest, ice, and elevation.**
 2. Oral temperature greater than 101.5 degrees that is not relieved by taking 2 tylenol every 4-6 hours. **Do not exceed 3.5 grams of Tylenol over 24 hours. Note your pain medicine contains Tylenol or acetaminophen.**
 3. Excessive drainage from the incision or dressing which has not stopped 72 hours after surgery which is not relieved by applying a compressive dressing, ice and elevation.
 4. Fever, chills, shortness of breath, chest pain, nausea, vomiting or other signs and symptoms that concern you.
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I have seen and understand these instructions.

Discharge Nurse

Patient or Guardian

Date
